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2013 053198

STATE OF INDIANA
LAKE COUNTY
FILED FOR RECORD

2013 JUL 22 AM 9:26

MICHAEL B. BROWN
RECORDER

Case # 920131794

SURVIVORSHIP AFFIDAVIT

Comes now Emily G Jacobi, who being duly sworn upon her oath, deposes and says:

That, Emily G Jacobi is the surviving spouse of Paul A Jacobi, deceased who died domiciled in *Cook County, ILLINOIS* County, Indiana, on *November 27, 2007*.

That Emily G Jacobi and Paul A Jacobi acquired title to certain real estate as tenants by the entireties, said real estate being described as follows:

Part of Lot 9 in Plat of Correction, White Oak Estates of Highland, Block 2, to the Town of Highland, as per plat thereof, recorded in Plat Book 82, page 15, in the Office of the Recorder of Lake County, Indiana, more particularly described as follows: Commencing at the Northwest corner of said Lot 9; thence North 79 degrees 52 minutes 15 seconds East along the Northerly property line of said Lot 9, a distance of 150.29 feet to the point of beginning; thence continuing North 79 degrees 52 minutes 15 seconds East, along said Northerly line a distance of 61.04 feet to the Northeast corner of said Lot 9; thence Southeasterly along a curve concave to the East, having a radius of 530.00 feet and an arc distance of 135.09 feet (said curve also being the Westerly right-of-way line of Prairie Avenue to the Southeast corner of said Lot 9; thence South 65 degrees 15 minutes 59 seconds West, a distance of 15.37 feet to a point of curve; thence Southwest along said curve, concave to the North, having a radius of 30.00 feet and an arc distance of 9.18 feet; thence South 82 degrees 48 minutes 25 seconds West along the Southerly property line of said Lot 9, a distance of 42.99 feet; thence North 14 degrees 51 minutes 11 seconds West, a distance of 136.71 feet to the point of beginning.

Parcel No. 45-07-32-427-016.000-026 Property Address: 10238 Prairie Av, Highland IN 46322

Affiant states that Emily G Jacobi and Paul A Jacobi continued to live and cohabit together as husband and wife continuously from the date they took title to the above-described real estate, until the date of Paul A Jacobi's death.

Affiant states that the total assets of said estate, including the proceeds of life insurance policies and real and personal property, were not sufficient to subject the estate to Federal Estate Tax and that Indiana Inheritance Tax, if any, has been paid.

This affidavit is made for the purpose of maintaining a clear record of title to the above-described real estate and to induce the appropriate county authority of Lake County, Indiana, to transfer the above-described real estate to Emily G Jacobi.

Executed: July 10, 2013

Signature

Emily G Jacobi
Emily G Jacobi

FILED

JUL 19 2013

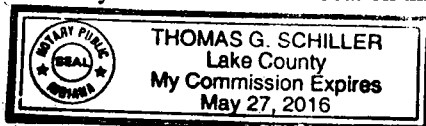
PEGGY HOLINGA KATONA
LAKE COUNTY AUDITOR

STATE OF INDIANA

COUNTY OF Lake

Subscribed and sworn to before me, a Notary Public, in and for said County and State this 10th day of July, 2013.

Witness my hand and Notarial Seal on this 10th day of July, 2013.



Thomas G Schiller
Notary Public Thomas G Schiller
Resident of Lake County
My Commission expires: May 27, 2016

Prepared by: Emily G Jacobi

I affirm, under penalties for perjury, that I have taken reasonable care to redact each Social Security number in this document, unless required by law. Emily G Jacobi

FIDELITY - HIGHLAND

FIDELITY NATIONAL
TITLE COMPANY

92013-1794

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FN
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MEDICAL CERTIFICATE OF DEATH

STATE OF ILLINOIS
 COUNTY OF COOK
 CITY OF CHICAGO

NOV 28 2007

REGISTRATION DISTRICT NO. **16.10**
 REGISTERED NUMBER
 DECEASED-NAME **PAUL A. JACOBI** FIRST MIDDLE LAST
 SEX **MALE**
 DATE OF BIRTH (MONTH, DAY, YEAR) **NOVEMBER 27, 2007**

COUNTY OF DEATH **COOK**
 CITY, TOWN, TWP. OR ROAD DISTRICT NUMBER **CHICAGO**
 AGE-LAST BIRTHDAY (YRS) **73**
 HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER) **THE UNIVERSITY OF CHICAGO MEDICAL CENTER**

MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) **Married**
 NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) **Emily Anderson**
 NAME OF BUSINESS OR INDUSTRY **Law Enforcement**

RESIDENCE (STREET AND NUMBER) **10238 Prairie Ave.**
 CITY, TOWN, TWP. OR ROAD DISTRICT NO. **Highland**
 ZIP CODE **13146322**
 RACE (WHITE, BLACK, AMERICAN INDIAN, etc.) (SPECIFY) **White**

FATHER-NAME **Paul Jacobi**
 MOTHER-NAME **Maria Huke**
 RELATIONSHIP **HOSPITAL RECORDS**
 MAILING ADDRESS (STREET AND NO. OR R.F.D., CITY OR TOWN, STATE, ZIP) **5841 SOUTH MARYLAND AVENUE CHICAGO, ILLINOIS 60637**

18. PART I. Immediate Cause (Final disease or condition resulting in death) **SERRATIA BACTEREMIA**
 Enter the diseases, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, stroke, or heart failure. List only one cause on each line.
 (a) **SERRATIA BACTEREMIA**
 (b) **DUETO, OR AS A CONSEQUENCE OF**
 (c) **DUETO, OR AS A CONSEQUENCE OF**

19. PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.
 DATE OF OPERATION, IF ANY
 MAJOR FINDINGS OF OPERATION
 (DD) (DD) (DD) ATTEND THE DECEASED (MONTH, DAY, YEAR)
 AND LAST SAW HIM/HER ALIVE ON **11-26-07**
 TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, PLACE AND DUE TO THE CAUSE(S) STATED.
 NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) **5841 SOUTH MARYLAND AVENUE CHICAGO, ILLINOIS 60637**
 NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)
 DATE SIGNED **NOVEMBER 27, 2007**

22. SIGNATURE **[Signature]**
 NAME AND ADDRESS OF CERTIFIER (TYPE OR PRINT) **5841 SOUTH MARYLAND AVENUE CHICAGO, ILLINOIS 60637**
 ILLINOIS LICENSE NUMBER **125-052883**

23. **G. CALEB ALEXANDER, MD**
 BIRTHPLACE (CITY AND STATE OR FOREIGN COUNTRY) **Highland, IN**
 HOSPITAL OR OTHER INSTITUTION-NAME (IF NOT IN HOSPITAL, GIVE STREET AND NUMBER) **THE UNIVERSITY OF CHICAGO MEDICAL CENTER**
 NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) **Emily Anderson**
 NAME OF BUSINESS OR INDUSTRY **Law Enforcement**
 EDUCATION (SPECIFY ONI, HIGHEST GRADE COMPLETED) **12**
 INSIDE CITY (YES/NO) **Yes**
 COUNTY **Lake**

24. Burial
 NAME **St. Michael Cemetery**
 LOCATION **Schererville, Indiana**
 CITY OR TOWN **Indiana**
 STATE **Indiana**
 DATE (MONTH, DAY, YEAR) **Dec. 1, 2007**

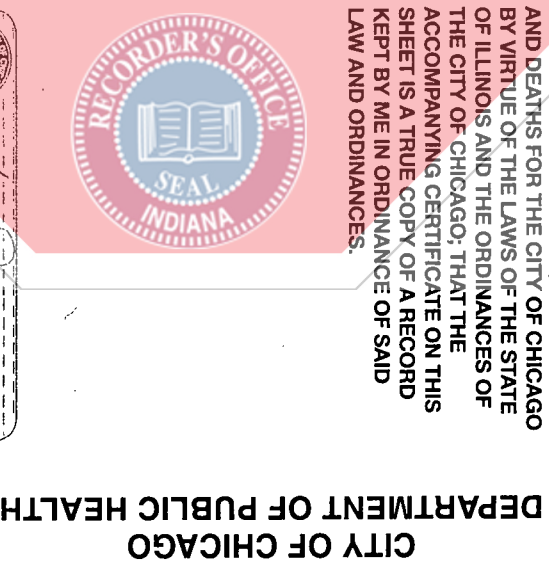
25. Aëro Removals
 STREET AND NUMBER OR R.F.D. **919 N. Garfield Lombard, Illinois, 60148**
 CITY OR TOWN **Illinois**
 STATE **Illinois**
 ZIP **60148**

26. Local Registrar
 DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **NOV 28 2007**
 LOCAL REGISTRAR SIGNATURE **[Signature]**

27. Funeral Director
 DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **NOV 28 2007**
 LOCAL REGISTRAR SIGNATURE **[Signature]**

28. Local Registrar
 DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **NOV 28 2007**
 LOCAL REGISTRAR SIGNATURE **[Signature]**

29. Local Registrar
 DATE FILED BY LOCAL REGISTRAR (MONTH, DAY, YEAR) **NOV 28 2007**
 LOCAL REGISTRAR SIGNATURE **[Signature]**



I, TERRY MASON M.D., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS FOR THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY OF A RECORD KEPT BY ME IN ORDINANCE OF SAID LAW AND ORDINANCES.

[Signature]
 LOCAL REGISTRAR

THIS CERTIFICATE COPY VALID WHEN MULTICOLOR SIGNATURE SEAL IS AFFIXED.